

**Itemization Form and Court Order Approving Claim For  
Court Interpreter's Fees and Expenses**  
( To be attached to State Public Defenders "Miscellaneous Fee Claim" Form )

**INTERPRETER INFORMATION**

Name ( Please Print): \_\_\_\_\_

**CASE INFORMATION**

County: \_\_\_\_\_

Case Title: \_\_\_\_\_

Case Number: \_\_\_\_\_

**INFORMATION ON FEES AND EXPENSES CHARGED FOR SERVICES**

Date of Service:	Starting Time: A.M./P.M.	Stop Time: A.M./P.M.	
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Date of Service:	Starting Time: A.M./P.M.	Stop Time: A.M./P.M.	

**Itemization of Time Spent on This Case  
(to the nearest tenth of an hour)**

Waiting time\* \_\_\_\_\_

Time spent interpreting in court \_\_\_\_\_

Other time (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total time charged (in hours):** \_\_\_\_\_

**Hourly rate** \$ \_\_\_\_\_

**Itemization of Interpreter Fees & Expenses**

Amount charged for interpreting time \$ \_\_\_\_\_  
(Interpreting time X hourly rate)

Mileage expenses \$ \_\_\_\_\_  
(# Miles x **\$.30** per mile)

Other charges (specify) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount of Claim** \$ \_\_\_\_\_

\*Waiting time is payable only for actual time between a scheduled court appearance and the actual time of the appearance. Waiting time should be apportioned among all clients to whom services were provided at a given time.

**CERTIFICATION**

I, the undersigned, certify that the above information is true and correct.

\_\_\_\_\_  
Interpreter's signature

Date: \_\_\_\_\_

**COURT APPROVAL OF CLAIM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the court has duly considered this claim and approves the sum of \$ \_\_\_\_\_.